



VERIFICATION OF STATE LICENSURE

State Form 7143 (R4 / 2-06)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236
www.pla.IN.gov

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (last, first, middle, maiden)		Date of birth (month, day, year)	Social Security number *
Address (number and street or rural route)			
City		State	ZIP code
Type of license held	License number	Date of issuance (month, day, year)	
I hereby authorize the State of _____ to furnish the Professional Licensing Agency with the information below.			
Signature of applicant			Date signed (month, day, year)

DO NOT WRITE BELOW THIS LINE

License number	Date of issuance (month, day, year)	Date of expiration (month, day, year)
Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	Type of examination	Date of administration (month, day, year)
Attach subjects, scores, date of examination, and average.		
License is current and in good standing <input type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		

FORM COMPLETED BY

Signature		Date (month, day, year)
Printed name	Title	
State Board	Telephone number ()	E-mail address

Please affix board seal below